



Dear Parents/Guardians:

Welcome to Teamworks Vacation program/summer camp. Thank you for considering TW for your family's summer camp experience. Teamworks will need the following paperwork to be completed and returned to Teamworks before your child can have fun at our camp. Teamworks would like to provide your child with the safest environment possible. We understand that we are asking for a lot of information, but to better serve your family, please take a moment to provide detailed answers when filling out the following forms.

Teamworks Paperwork check list to assist your family in preparation for camp/vacation programs:

- _____ Child's Fact Sheet
- _____ Pick-up authorization/ Emergency Contact and Release forms
- _____ Health Care Policies
- _____ Camper's Profile
- _____ Things your camper will need to bring to camp *(list of items located on our website)*

- _____ Authorization for medication form *(Only applicable if TW will be administering medication to your camper during camp hours)*

Remember, we are available to assist you in making you and your camper's experience a pleasurable one. If you have any questions or need assistance filling out forms, contact us at 401-463-5565. We are looking forward to a summer of endless opportunities of fun and personal growth

Thank you,

Teamworks Staff



Summer Camp/ Vaction Program Waiver Form

Child's Name: _____ Date of Birth: _____

Parent/ Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email: _____ Cell Phone: _____

HOLD HARMLESS RELEASE FORM

In consideration of being allowed to participate in any way in the TEAMWORKS/ Indoor Sports LLC programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Teamworks/Indoor Sports LLC, its officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property; and,
5. In the event that a claim is brought by Participant or Releasee against the other, the defendant shall be able to recover reasonable attorney's fees if incurred in successfully defending against such claim.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I also understand that TEAMWORKS regularly takes pictures during our programs that are used for promotional materials and give permission to TEAMWORKS to use these pictures without compensation.

We at TEAMWORKS understand and appreciate specific family concerns and medical issues. If you have any specific requests, please make these concerns in written format to have on file with the camper's registration.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above,

Parent/ Guardian Signature

Print Name

Date Signed

CHILD INFORMATION

Child's Name: _____ DOB: _____
 Email: _____ School Grade Entering: _____
 Home Address: _____ City, State, Zip: _____
 Home Telephone Number: _____

CHILD'S IDENTIFICATION INFORMATION

Eye Color: _____ Hair Color: _____ Sex: _____
 Height: _____ Weight: _____ Skin Color: _____
 Identifying Marks: _____

PARENT/ GUARDIAN INFORMATION

PRIMARY CONTACT *(Authorized to sign-out camper)*
 Parent/ Guardian Name: _____
 Relationship to Child: _____
 Cell Phone #: _____
 *Home Telephone #: _____
 *Home Address: _____
 Bus. Name: _____
 Bus. Address: _____
 Bus. Telephone #: _____
 Work Hours: _____

SECONDARY CONTACT *(Authorized to sign-out camper)*
 Parent/Guardian Name: _____
 Relationship to Child: _____
 Cell Phone #: _____
 *Home Telephone #: _____
 *Home Address: _____
 Bus. Name: _____
 Bus. Address: _____
 Bus. Telephone #: _____
 Work Hours: _____

**If different then child's home phone number or address*

**If different then child's home phone number or address*

MEDICAL INFORMATION

Child's Physician: _____
 Clinic: _____ Telephone #: _____

Has/Does your camper: *(please circle)*

Have frequent ear infections:	Yes	No	Diagnosed with ADD/ADHD:	Yes	No
Heart trouble:	Yes	No	Have learning disabilities:	Yes	No
Headaches:	Yes	No	Have an IEP:	Yes	No
Have Diabetes:	Yes	No	Have any skin problems:	Yes	No
Have asthma:	Yes	No	If yes, will they have an inhaler?	Yes	No

If you answered yes to any of the above questions please give a detailed explanation: _____

Please list all allergies: _____

For each allergy, please give a detailed explanation about the causes, symptoms, reactions, and treatments? _____

Please list any other medical conditions that we should know about: _____

Will TEAMWORKS be administering medication during the camp day? No Yes *If yes, please make sure to fill out the consent form*



Emergency Contact/Camper Pick-up Authorization

AUTHORIZATION AND CONSENT FORM

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached I hereby authorize TEAMWORKS to transport my child to Hasboro Children's Hospital, and to secure for my child the necessary medical treatment. I understand the staff members of TEAMWORKS are trained in the basics of First Aid and I authorize them to give my child first aid when appropriate.

Signature: _____ Print Name: _____ Date: _____

EMERGENCY CONTACT AND RELEASE FORM

In case of an emergency, please give names of persons who can be called and are authorized to pick-up your child if we cannot reach a parent (please attach another sheet if more room is needed).

PICK-UP AUTHORIZATION: (At camper sign-out, I authorize the following people to pick up my child from camp: For your child's safety, A PICTURE ID IS REQUIRED each and every time your child is picked-up)

PICK-UP AUTHORIZATION

EMERGENCY CONTACT?

Name: _____ Relationship to Child: _____ Y N
Address: _____ Telephone #: _____ Cell Phone #: _____

Name: _____ Relationship to Child: _____ Y N
Address: _____ Telephone #: _____ Cell Phone #: _____

Name: _____ Relationship to Child: _____ Y N
Address: _____ Telephone #: _____ Cell Phone #: _____

Name: _____ Relationship to Child: _____ Y N
Address: _____ Telephone #: _____ Cell Phone #: _____

NOT AUTHORIZED TO PICK-UP:

1) _____ 2) _____ 3) _____

HEALTH POLICIES AND GUIDELINES

TEAMWORKS does have a healthcare consultant on-call. Our consultant has advised us on our health policies, and will always be available to advise us in both acute and chronic medical situations. As part of our health care policy, TEAMWORKS cannot accept any child with a diagnosed communicable disease (measles, mumps, chicken pox, etc). Please do not send your child to TEAMWORKS if he/she shows signs of possible contagious diseases (new cold, sore throat, fever, rashes, diarrhea, vomiting, etc) TEAMWORKS does not have sufficient staff or facilities to care for sick children. A parent should not bring their child to our facility if he/she is too ill to participate in activities, if the child requires special attention due to their illness, or if any signs of poor health are evident. The health of all children and staff is in jeopardy if an ill child is allowed to attend. Parents must notify the staff if their child has been exposed to an infectious disease so we can alert the families of the children attending the program. If during the day the TEAMWORKS staff notices a child is unable to participate in activities due to poor health, the parent will be called to come and pick up the child. If a parent cannot be reached, an emergency contact will be called. It is the responsibility of the parent to notify TEAMWORKS if there should be any changes regarding emergency numbers or contacts. If you decide that your child should remain at home, please call 401-463-5565 and inform TEAMWORKS of the absence.



This form is not required by Teamworks, but would help us better understand your camper and their needs. This will be a confidential form and will be used as a helpful guide for counselors to get to know your child better.

Camper's Name: _____ Age: _____

School: _____ Entering Grade As Of 9/2009: _____

Is this your child's first summer at TEAMWORKS? YES NO

Has your child ever attended any other camps or summer programs? YES NO

Is your child living with both parents?
If no, with whom are they living? _____ YES NO

Campers personality: _____

Sociability: _____

Interests: _____

Dislikes and apprehensions? What may cause ambivalence, anxiety, or resistance? _____

Talents or passions: _____

Special needs: Any social, emotional, or psychological issues that may require special attention from staff and camp? Are there any support programs such as IEP that your child is on? _____



Administration of Medication Consent

Please fill out this form if TEAMWORKS will be administering medication

Child's Name: _____ Date of Birth: _____

In accordance with Massachusetts State Law, TEAMWORKS' policy on the administration of medication is as follows:

- Medication must arrive in the prescription container with date, dosage, and the doctor's name.
- A parent must sign the medication permission form, writing the purpose of the medication, the date and times of administration, and the amount given.
- Medication must be handed directly to an administrator, not left in the child's lunch box or equipment bag.

TEAMWORKS will not administer the following:

- Non-prescription drugs (unless authorized by parent/guardian and a medication permission form is completed)
- Medication not contained in the prescription package. Single tablets or jarred liquid will not be administered and will therefore be sent home.
- Medication in any amount exceeding the dosage indicated on the bottle

Medicine	Route? (oral? topical?)	Dose	Time	Refrigeration
1.) _____	_____	_____	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) _____	_____	_____	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.) _____	_____	_____	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.) _____	_____	_____	____:____ <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Yes <input type="checkbox"/> No

Special Instructions: _____

Does your child have any difficulty taking medicines? Yes No If yes, please describe: _____

I hereby authorize Teamworks Northboro to administer the following medications to my child, in accordance with the Board of health regulations 105 CMR 430.160.

Parent/Guardian Signature _____ Print Name _____ Date Signed _____